

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>HWS Headway Work Force Solutions</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 01 / 2016</b>	
Mailing Address <b>421 Fayetteville St #1020</b>			Amount <b>6250.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27601</b>	Transaction ID : <b>SE.6167</b>	
Purpose of Expenditure Projected mileage reimbursement for canvassers in NC 8/1-8/31		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 01 / 2016</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>64125.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>HWS Headway Work Force Solutions</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 01 / 2016</b>	
Mailing Address <b>421 Fayetteville St #1020</b>			Amount <b>36500.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27601</b>	Transaction ID : <b>SE.6168</b>	
Purpose of Expenditure Projected payroll for canvassers in NC 8/1-8/31		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 01 / 2016</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>57875.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>42750.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 03 / 2016**

Signature